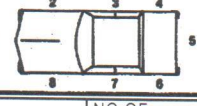
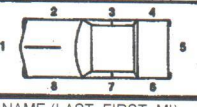


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-8733		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0 8 3 0 3 0 0		ODHS USE ONLY - 00 NOT MARK ABOVE		LOCAL FILE NO.	
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED				
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH: 05 23 14 Friday		TIME: MILITARY 1901			
CRASH OCCURRED ON 715 E. Main St.. (Taco Bell) Lebanon, Ohio 45036						WITHIN THE INTERSECTION OF					
IF NOT IN INTERSECTION ____ MILES ____ FEET W N E OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)						CITY CODE 8321					
LOG-1		LOG-2		LOC JUR FH9 FILT							
A	UNIT NO. 1	NO OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT Nationwide			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Irons, William L.				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1772 Jack Rd. Lebanon, Ohio 45036							
PHONE NO. 513-850-3260		BIRTH DATE m y 46	SEX M	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. RM404786		OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) Irons Fruit Farm LLC				ADDRESS 1634 Jack Rd. Lebanon, Ohio 45036							PHONE
VEH YR 1996	MAKE Ford	MODEL Truck	COLOR White	STYLE TK	STATE OH	LICENSE PLATE NO. PIL-5460	TOWING SERVICE N/A	VEH/PED DIR FROM TO			
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8	UNIT NO. 2	NO OF OCCUPANTS 3	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT Progressive			
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Tompkins, Alexander				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 586 Natalie Ln. Lebanon, Ohio 45036							
PHONE NO. 513-932-9198		BIRTH DATE m D y 23	SEX M	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. TE433063		OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS						PHONE	
VEH YR 2012	MAKE Mistubishi	MODEL 4dr	COLOR Red	STYLE 4dr	STATE OH	LICENSE PLATE NO. GDR-7202	TOWING SERVICE N/A	VEH/PED DIR FROM TO			
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
C	FROM UNIT NO.	NAME (LAST, FIRST, MI) Heinlein, Jennifer		BIRTH DATE m D y 7 26 88		AGE 25	POSITION A B C D E F 1 1 3 6		INJURIES A B C D E F 5 5 5 5		
ADDRESS 586 Natalie Ln. Lebanon, Ohio 45036		PHONE 513-932-9198		SEX							
D	FROM UNIT NO.	NAME (LAST, FIRST, MI) Tompkins, Adrianna		BIRTH DATE m D y 2 9 14		AGE 3mo	POSITION A B C D E F 1 1 3 6		INJURIES A B C D E F 5 5 5 5		
ADDRESS 586 Natalie Ln. Lebanon, Ohio 45036		PHONE 513-932-9198		SEX							
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	POSITION A B C D E F 1 1 3 6		INJURIES A B C D E F 5 5 5 5		
ADDRESS		PHONE		SEX							
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	POSITION A B C D E F 1 1 3 6		INJURIES A B C D E F 5 5 5 5		
ADDRESS		PHONE		SEX							
INJURED TAKEN TO		By		A B C D E F 4 4 4 0 6		ALCOHOL A B 1 <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO TESTED		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN			
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OFFENSE CHARGED AND DESCRIPTION		A B C D E F 1 1 3 6		A B C D E F 4 4 4 0 6		ALCOHOL A B 1 <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO TESTED		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN			
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RECEIVED CALL 1901		DISPATCHED 1903		ARRIVED 1906		CLEARED 1930		OTHER TIME 20		TOTAL MINUTES 00OffOff	
DATE REPORT FILED M 5 D 23 Y 14		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME M. Allen		BADGE NO. 105		CHECKED BY			
POLICE ACTION		A B C D E F 1 1 3 6		A B C D E F 4 4 4 0 6		ALCOHOL A B 1 <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO TESTED		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN			
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